

Best Available Copy

PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

09/433389

CLAIMS AS AMENDED - PART II

AMENDMENT	(Column 1)		(Column 2)		(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA
Total	*	6	Minus	** 20	= ϕ
Independent	*	1	Minus	*** 3	= ϕ
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>					

SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X43=		OR	X86=	
+140=		OR	+280=	-
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT	(Column 1)		(Column 2)		(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA
Total	*		Minus	**	=
Independent	*		Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>					

SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ =		OR	X\$ =	
X =		OR	X =	
+ =		OR	+ =	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT	(Column 1)		(Column 2)		(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA
Total	*		Minus	**	=
Independent	*		Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>					

SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ =		OR	X\$ =	
X =		OR	X =	
+ =		OR	+ =	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT	(Column 1)		(Column 2)		(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA
Total	*		Minus	**	=
Independent	*		Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>					

SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ =		OR	X\$ =	
X =		OR	X =	
+ =		OR	+ =	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This Form is for INTERNAL PTO USE ONLY
It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE
(CALCULATION SHEET)

APPLICATION NUMBER: _____

Total Fee Calculation

	Fee Code	Total # Claims	Number Extra	X	Fee	Fee	=	Total
	Sm./Lg.				Sm. Entity	Lg. Entity		
Basic Filing Fee	<u>201/101</u>	<u>1</u>					=	<u>760</u>
Total Claims >20	<u>203/103</u>	<u>1</u>	-20 =		X		=	
Independent Claims >3	<u>202/102</u>	<u>1</u>	-3 =		X		=	
Mult. Dep Claim Present	<u>204/104</u>						=	
Surcharge	<u>205/105</u>						=	<u>130</u>
English Translation	<u>139</u>						=	<u>890</u>
<u>TOTAL FEE CALCULATION</u>								

Fees due upon filing the application:

Total Filing Fees Due = \$ 890

Less Filing Fees Submitted - \$ _____

BALANCE DUE = \$ _____

Marcia Gordon
Office of Initial Patent Examination